	Entity Name	: NEW LIFE PRESBYTERIAN CHURCH OF L	AKE COUNTY	′, INC.	Secretary of State CC1819421263
	Current Prin 201 LAVISTA S FRUITLAND PA				001013421203
	Current Mai	ling Address:			
	201 LAVISTA FRUITLAND	A ST PARK, FL 34731			
	FEI Number	: 59-2050661		Certificate of	Status Desired: No
	Name and A	ddress of Current Registered Agent:			
JOHNSON, CHARLES 907 WEBSTER ST LEESBURG, FL 34785 US					
	, L	34705 05			
		l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, i	n the State of Florida.
	The above named		stered office or regis	tered agent, or both, i	n the State of Florida. 01/29/2018
	The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, i	
	The above named	 I entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both, i	01/29/2018
	The above named	 I entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent 	stered office or regis	tered agent, or both, i	01/29/2018
	The above named SIGNATURE Officer/Direc	entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent Ctor Detail :			01/29/2018 Date
	The above named SIGNATURE Officer/Direc Title	entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent Ctor Detail : PD	Title	SD	01/29/2018 Date
	The above named SIGNATURE Officer/Direc Title Name	entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent Ctor Detail : PD SLOAN, MARY	Title Name	SD MARYNELL, CAT 2265 CLEARWAT	01/29/2018 Date
	The above named SIGNATURE Officer/Dired Title Name Address	 entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent Ctor Detail : PD SLOAN, MARY 813 SUTTON DRIVE 	Title Name Address	SD MARYNELL, CAT 2265 CLEARWAT	01/29/2018 Date
	The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	 entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent Ctor Detail : PD SLOAN, MARY 813 SUTTON DRIVE LADY LAKE FL 32159 	Title Name Address	SD MARYNELL, CAT 2265 CLEARWAT	01/29/2018 Date
	The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	 entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent Ctor Detail : PD SLOAN, MARY 813 SUTTON DRIVE LADY LAKE FL 32159 TR 	Title Name Address	SD MARYNELL, CAT 2265 CLEARWAT	01/29/2018 Date
	The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title Name Address	 I entity submits this statement for the purpose of changing its regis CHARLES JOHNSON Electronic Signature of Registered Agent Ctor Detail : PD SLOAN, MARY 813 SUTTON DRIVE LADY LAKE FL 32159 TR APRIL, RICHEY 	Title Name Address	SD MARYNELL, CAT 2265 CLEARWAT	01/29/2018 Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748250

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY SLOAN

PRESIDENT

01/29/2018

FILED Jan 29, 2018

Electronic Signature of Signing Officer/Director Detail